Around 10% of insomniacs use over-the-counter medications and between 5 and 10% use prescription medication for longer than one week.

This applies to people in the UK and elsewhere such as Canada, United States, Australia, France and Germany.

There are various types of prescription medicines:

Benzodiazepines (BZDs): eg nitrazepam, temazepam; these have a good hypnotic effect, which means they help you to fall asleep. Depending on the preparation, they have varying duration of effect.

The downside includes: interaction with other medication, daytime sedation, and especially *toler ance*
, which means that the effect soon becomes less.

Thus an increasing dose would be needed for the same effect; there is a high risk of dependency and often when stopped there is a rebound insomnia which can persist for some time. Note that it is best to take these medicines about 15-20 minutes before retiring to allow for effect.

Gentle walking around whilst preparing for bed assists circulation of the drug and brings on the effects.

Short-acting preparations such as triazolam may cause early morning insomnia and a *higher risk* of

withdrawal phenomena, Lorazepam and lormetazepam have
intermediate action
; they do not cause hangover effects or accumulate like the long-acting preparations (clonazepam, flurazepam, nitrazepam) but they can cause moderate rebound insomnia and some daytime anxiety.

Zolpidem : this drug acts on the same type of brain receptor as BZDs, is effective but has a simliar side effect, including the possibility of rebound insomnia. 10mg taken at bedtime.

Zopiclone/Zimovane: a similar drug. Note side effects may include hallucinations, nightmares, amnesia and behavioural disturbance. Dose is 7.5mg at bedtime for short-term use.

Zaleplon: recently introduced; short duration of action; should not be used in cases of sleep apnoea.

Antidepressants: sedative antidepressants such as amitriptyline and imipramine are helpful but carry significant side effects. You may already be taking one of these to combat nerve pain.

Timing of the dose is important - if taken too late, there will be a lag before and a hangover effect after, in the morning.

It is probably best to take the bedtime dose at about 9pm, one to two hours before retiring.

Unfortunately, taking antidepressants may worsen symptoms of RLS and PLMD, (see above). In people who are depressed, and in whom treatment with a single antidepressant is ineffective in combating insomnia, addition of a low-dose second antidepressant such as trazodone, or a hypnotic, can be beneficial.

Chloral hydrate (Welldorm): is rapidly effective but with a relatively low safety margin.

Antihistamines: a number of over-the-counter remedies contain antihistamines, which makes use of their sedative side-effects. Sleep experts do not, however, recommend taking this type of medication as a sleep aid.

Aspirin: Peter Hauri and his colleagues investigated aspirin and found that it seems to aid normal sleep without causing a hangover effect next day. There was a surprising 4 hour delay in onset of effect; given at bedtime, it seemed to affect the second half of the night.

Hauri therefore recommends (*in those who can tolerate it: **not** people with stomach problems, ulcers or bleeding tendencies*) 2 aspirins with a full glass of water just before bedtime. This is only effective for a few nights, so *shouldn't be taken more than twice a week*
.

In general, use of sleeping tablets should be kept to a minimum. Some doctors recommend taking them for a maximum of once a week, or two during serious, acute stress. Here are some further recommendations:

Use the lowest dosage form and then use half a tablet to see if that will work. Always use the lowest dose possible.

Make sure you have no medical condition that could be worsened by the pills.

NEVER take a higher dose than prescribed; if effectiveness is reduced, stop taking the pill for a month or two.

Make sure the pills don't interact with any other medication you are on.

If pain is stopping you from sleeping well, ask for a painkiller not a sleeping tablet. If you are depressed, you need antidepressants not a sleeping pill.

If you feel less alert or sleepy during the day, ask your doctor for a shorter-acting pill or to change the dose.

DO NOT consume alcohol if you take a pill.

Only use sleeping tablets in the short term.

Don't forget that every time you take a pill, you are going to have to pay back this ?borrowed' sleep later on.

Don't use sleeping pills if you are a loud snorer: you may have sleep apnoea and need to be assessed at a sleep centre.